

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
HOME IMPROVEMENT
ADDRESS CHANGE

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

The following documents must be submitted in order to properly issue a replacement license with your change of address:

Requirements:

1. A \$10 replacement fee made payable to the City of Yonkers.
2. Copy of each vehicle's registration used in the business operation.
3. Certificate of Insurance for general contractor liability (\$500,000) must be submitted, with the City of Yonkers, Office of Licensing/Consumer Protection/Weights and Measures named as a certificate holder.
4. Certificate of Workers' Compensation Insurance, Form # C-105.2 or SI-12, with the City of Yonkers, Office of Licensing/Consumer Protection/Weights and Measures named as certificate holder. If you are exempt from Workers' Compensation Insurance, you must submit form CE-200. This form can be obtained on line at www.wcb.state.ny.us, by calling 866-746-0552 or you can visit any Workers' Compensation Office.

Please indicate the changes below:

Current Licensed Business Name:

Corporation or LLC Name:

DBA Name:

New Address:

New City:

New State:

New Zip Code:

New Phone Number:

Current License Number:

Signature of License Holder:

Date: ____ / ____ / ____

*****\$10 Replacement Fee*****

Mike Spano, Mayor
Kerry O'Brien, Director